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| <b>TRANSMITTAL<br/>FORM</b>  | Application Number   | <b>09/872,353</b>                           |
|  | Filing Date          | <b>06/01/01</b>                             |
|  | First Named Inventor | <b>Brian R. McCarthy</b>                    |
|  | Art Unit             | <b>1788 (Conf. No. 3630)</b>                |
|  | Examiner Name        | <b>Patricia L. Nordmeyer</b>                |
| (to be used for all correspondence after initial filing)                   |                      |   |
| Total Number of pages in This Submission<br>EXCLUDING any Cited References | <b>23</b>            | Attorney Docket Number<br><b>2991-US-B1</b> |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fees Due:<br>\$1270; 3 Mo extension of time<br><br><input checked="" type="checkbox"/> Amendment and Response to Office<br>Action dated 04/21/11<br><br><input checked="" type="checkbox"/> A THREE Month Extension of Time is<br>requested herewith<br><br><input type="checkbox"/> Certified Copy of Priority<br>Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Statement under 3.73(b)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please Identify<br>below): |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |   |
| Firm Name  | <b>AVERY DENNISON CORPORATION - CUSTOMER No. 63543</b>   |   |
| Signature  | <b>/Ronald Ugolick - Reg. No. 57,080/</b>  |   |
| Printed name   | <b>Ronald Ugolick - Reg. No. 57,080</b>  |   |
| Date   | <b>10/18/11</b>  | Reg. No. <b>57,080</b>  |

| CERTIFICATE OF TRANSMISSION/MAILING   |                          |                      |
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| Signature   | <b>/Rachele Wittwer/</b> |                      |
| Typed or printed name   | <b>Rachele Wittwer</b>   | Date <b>10/18/11</b> |

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